

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39694

STATE FILE NUMBER

Registration District No. 77

Primary Registration District No. 2016

Registrar's No. 383

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City, Mo</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>210 E DUNKLIN</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>410 E STATE</u>		Residence Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Leo</u> First <u>Schwieterman</u> Middle <u>Schwieterman</u> Last				4. DATE OF DEATH Month <u>Nov</u> Day <u>30</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>MAY 22, 1896</u>	
9. AGE (In years last birthday) <u>63</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St Elizabeth, Mo</u>		11. BIRTHPLACE (City and state or country) <u>St Elizabeth, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13. FATHER'S NAME <u>JOHN G. SCHWIEETERMAN</u>			
14. MOTHER'S MAIDEN NAME <u>MARTHA SCHELL</u>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>W A R I</u>			
16. SOCIAL SECURITY NO. <u>976X</u>				17. INFORMANT <u>Mrs. Leo Schwieterman</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Self Inflicted Gun Shot Wound</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>976X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Gun Shot Wound in Chest</u>					
20c. TIME OF INJURY Hour <u>5:00</u> P. M. <u>11/30/1957</u>		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Office</u>		20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Cole, Mo</u>					
21. I attended the deceased from <u>5 P.M.</u> to <u>5 P.M.</u> and last saw her alive on <u>5 P.M.</u> Death occurred at <u>5 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Detmundt, Coroner</u>				22b. ADDRESS <u>630 Adams St Jefferson City, Mo</u>		22c. DATE SIGNED <u>12/2/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Dec 3 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>		23d. LOCATION (City, town, or county) (State) <u>JEFFERSON CITY MO.</u>	
24. FUNERAL DIRECTOR <u>Schwieterman</u>		ADDRESS <u>SC</u>		25. DATE RECD. BY LOCAL REG. <u>7 Dec 1957</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris, MD-MR</u>	

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DEC 13 1957

JAN 23 1958

JAN 2 1958

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.:

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 43

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.